



# BRIDGES



CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

## *In This Issue*

**A**s the national dialogue continues regarding the most effective ways to develop early literacy skills, this issue of *Bridges* focuses on the topic with six articles on innovative literacy concepts, programs, and projects.

We are also pleased to present a report on the findings of the Transfer of Knowledge Symposium on Child Care for Children with Disabilities that

brought together local teams from 51 counties to increase capacity for inclusive child care statewide. You will also find information in this issue on other resources for serving children with developmental disabilities.

In addition, articles on important health topics of interest to early educators are provided by partners in the California Department of Health Services and the California Childcare Health Program.

*Bridges* is produced by the California Head Start-State Collaboration Office and is mailed to every Head Start program and early education program funded by the California Department of Education. We hope you find the information provided in this issue useful.

This issue of *Bridges* can be found at the California Department of Education's Web site (<http://www.cde.ca.gov/sp/cd/re/chssco.asp>).

## News from the California Head Start Association

*By Patricia Stroh, Ph.D., President  
California Head Start Association*

*I have traveled the length and breadth of this country and talked with the best people, and I can assure you that data processing is a fad that won't last out the year.*

—Editor in charge of business books  
for Prentice Hall, 1957

**A**s an educator for more than 25 years, I am in the habit of embracing change. Early in my career, change marched into my classroom the fall of each year as my new students arrived. Later, change would introduce itself in the ideas and ambitions of new staff and advancing colleagues. Today, change seems to be coming from many sources. We are balancing increased

standards, a decreased budget, impacted labor markets, burdensome liability—yet the potential and excitement that children, families, and staff bring to our programs make all of these forces manageable.

I believe our most immediate challenge is not in dealing with the forces of change and opportunity, but in choosing how to apply our professional skills in a manner that results in lasting, sustainable improvement for the children and families our programs work with on a daily basis. Understanding what is a fad and what is genuine enhancement requires a keen eye and sensitivity to human development. I strongly encourage you to balance your work between the relationships, the work process, and your determination to

achieve results. This balance, I believe, will allow you to see most clearly today's critical issue.

I also invite you to visit our Web site, <http://www.ca-headstart.org>, which is filled with information on trainings, public policy, and tools to learn more about the field in which we work.

This year the California Head Start Association (CHSA) is hosting a number of events to bring more professional opportunities to directors, managers, and our community partners. In collaboration with the California Head Start-State Collaboration Office, we look forward to building increased infrastructure and access at the state level. I welcome your comments and extend a cordial invitation to you to become members of CHSA.



# Building Language and Literacy

## Essential Experiences for Preschoolers

By Marilyn Astore, Consultant  
Sacramento County Office of Education  
and Coordinator  
Northern California Early Childhood  
Directors' Language and Literacy  
Network

Some children already know how to read by the time they enter school, but only a very small number of students (5 percent) fall in this category. Other children (20 to 35 percent) will learn to read very easily, no matter what kind of formal instruction they are given. However, for the vast majority of students (60 percent), learning to read is very challenging; of this large group, 20 to 35 percent will find reading to be the most difficult task they ever encounter in school (Lyon 1998).

Why is learning to read so hard for such large groups of children, and who are the students most at risk of failing to read? At 41 or more research sites in North America, Europe, and Asia, the National Institute of Child Health and Development (NICHD) has followed more than 12,000 individuals with reading difficulties and more than 21,000 normally developing readers for as long as 12 years. Thousands of children have also been involved in NICHD prevention and early intervention projects since 1985. Four

groups of children have been identified as most in need of explicit, systematic instruction to prevent early reading failure:

- Children living in poverty
- Children who are English-language learners
- Children with phonological processing and memory difficulties
- Children with speech and hearing impairments (Lyon 1998)

What, then, should preschool educators include in developmentally appropriate early literacy lessons and activities that will ensure that *every* child succeeds as a reader in kindergarten through grade two? Using the chart "A Skilled Reader" as an organizer, teachers may begin by considering the characteristics of a skilled reader. Skilled readers can identify words quickly and accurately—they are fluent decoders. Equally important, skilled readers are able to understand the meaning of the text—they comprehend the passage (Biemiller 1999). For readers to focus on the meaning of the passage, they need to be able to recognize words rapidly and automatically. Therefore, in the early elementary grades, reading instruction focuses heavily on decoding. It is not surprising, then, that the causal predictors for reading success in

kindergarten through grade two are the levels of a child's concepts of print, alphabetic knowledge, and phonological awareness (Adams 2000).

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### Ideas for a Rich Print Environment

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How can concepts of print be exposed to preschoolers in fun yet purposeful ways? The following activities can provide children with opportunities to develop those concepts:

- Exposure to a wide variety of books, especially in an inviting and comfortable area where children can enjoy an array of stories and informational texts.
- Frequent opportunities for dictating sentences to accompany their illustrations. These language experience stories need to be written exactly as the child dictates them. Children can thus see that print is talk written down.
- Extensive explorations with writing. These experiences can help children to begin to distinguish between drawing and writing. "Their scribbling eventually becomes purposeful and begins to look like English writing" (*Eager to Learn* 2001). The writing center should include

items such as shaving cream (for use on glass and Formica), cornmeal in shoebox lids, play dough, colored chalk, markers, and paper in a variety of sizes and types.

- A dramatic play center stocked with a variety of business, grocery, and restaurant printed supplies, such as appliance instructions, travel brochures, computer key-boards, food packages, and menus.

Alphabetic knowledge is the strongest predictor of reading success in kindergarten through grade two. With this important information in mind, preschool teachers need to provide children with an array of multisensory and enjoyable exposures to the letters. Examples are as follows:

- Singing ABC songs, pointing to the letters while singing the letter names.

- Reading a wide variety of alphabet books.
- Using plastic, magnetic letters for matching, identifying, and sequencing games (Hall and Moats 1999).
- "Cheerleading," using the letters in a child's name. The teacher points to each letter on a card held by a child whose name is on the card, saying, for example, "Give me a J!" (the children echo), "Give me an o!" (the children echo), "Give me an e!" (the children echo). Then the teacher says, "J-o-e!" "J-o-e!" (the children echo). Finally, everyone cheers for the child, "Yeah, Joel!"
- Creating an *Our Names Book*. Each page of this large class book has the capital and lowercase forms of a letter at the top. The teacher prints the names of all the children who have this letter *anywhere* in

their names on each appropriate page, writing the letters highlighted for each page in a bright color.

## Ideas for a Rich Phonological Environment

Experiences that expose young children to foundational phonological awareness skills need to be carefully planned and presented in a developmental sequence. *Phonological awareness* at the preschool level includes a *basic sensitivity to the sounds of spoken language*. It is *not* the same as *phonics*, in which children learn about how sounds are represented by letters. Phonics is also an instructional method for teaching reading in the elementary school. *Phonics instruction is not developmentally appropriate at the preschool level.*

Teachers can foster preschoolers' awareness of sounds by offering them multiple opportunities to listen for sounds in their environment (e.g., on listening walks). Children can also learn to identify the first and last environmental sound that they hear, such as paper being torn or a bell being rung (from behind a screen or a place where there are no visual clues). They can eventually listen for the first, next, and last sounds (from behind a barrier or with their eyes closed).

Listening to and identifying nonenvironmental sounds from audiotapes and so forth, then naming the sounds as they are heard in a sequence of up to three sounds is the next step in laying the foundation for phonological awareness (using activities similar to those that focus on environmental sounds).

In his research report Lonigan (2003) notes, "Children from lower SES [socioeconomic status]

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## A Skilled Reader

**Identifies words quickly and accurately (decodes)**

**Understands the meaning of the text (comprehends)**

### Exposure in Preschool to:

- Phonological awareness
  - Rhyme
  - Alliteration
  - Counting syllables
  - Counting number of words heard
  - Listening for environmental and nonenvironmental sounds
- Alphabetic knowledge
- Concepts of print

- Vocabulary
- Oral language concepts
- Problem-solving and reasoning skills
- Read-alouds
  - Large group
  - Small group
  - Individual
- Long periods of play
  - Choice
  - Dramatic play
  - Construction
- Conversations
  - Past, future, etc.
  - Explanations

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# Building Language and Literacy

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backgrounds have significantly less well developed phonological sensitivity” and “experience less growth in these skills during the preschool years than their higher SES counterparts.” Therefore, it is particularly important for teachers who work with children from economically impoverished backgrounds to provide sequential, explicit instruction in phonological awareness that begins with easier concepts and progresses to more advanced levels. Phonological awareness skills that need to be explicitly developed at the preschool level include:

- Counting/clapping/tapping the number of words heard in a sentence (up to five words)
- Counting/clapping/tapping the number of syllables heard in a word (up to five syllables)
- Listening to rhymes, including nursery rhymes
- Singing, chanting, repeating, and reciting rhymes
- Listening for rhyming patterns in poems and stories
- Recognizing whether *spoken words* rhyme (Picture cards should not include printed words when teachers are working with preschoolers on oral rhyme recognition.)
- Orally supplying a rhyming word; for example, “I have a boat. It can \_\_\_\_.” (This is the most advanced level for preschool and should not be introduced until children have had many experiences with rhyming.)
- Singing songs, chanting poems, and reading stories that emphasize alliteration (repetition of initial sounds in spoken words)
- Playing “silly sound” games in which the initial sounds of spoken words, including children’s names, are changed (“Today your name will be Sunny Suzy!”)

Thus, through interactive instruction and engaging activities, preschoolers can have numerous opportunities for exposure to print concepts, alphabetic knowledge, and basic phonological awareness skills.

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*Teachers can foster preschoolers’ awareness of sounds by offering them multiple opportunities to listen for sounds in their environment*

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However, while these experiences are essential for reading success in kindergarten through grade two, they provide the foundation for only one of the two key elements of skilled reading—rapid and accurate identification of words. To understand fully the meaning of what is being read, children also need extensive development of vocabulary and oral language concepts and many opportunities to learn about the language of books (Shefelbine 1999).

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## Ideas for Expanding Vocabulary

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How can vocabulary and oral language concepts be developed with preschoolers? An important way of expanding children’s word and concept knowledge is through reading aloud to students. Educators Beck, McKeown, and Kucan (2003) have developed *text talk*, a method that has proven to be highly effective in vocabulary instruction with young children. This approach targets three words per read-aloud text and is used *after* the text has been read aloud and discussed so that there is a strong context for introducing word meanings. In a recently published article, the authors used three words

selected from *A Pocket for Corduroy* as an example of text talk. The targeted words were *reluctant*, *drowsy*, and *desperately*. The method used for teaching the meaning of *reluctant* was summarized as follows:

1. “First, the word was contextualized for its role in the story. (*In the story Lisa was reluctant to leave the laundromat without Corduroy.*)
2. “The children were asked to repeat the word so that they could create a phonological representation of the word. (*Say the word with me.*)
3. “Next, the meaning of the word was explained using what we call ‘student-friendly’ definitions—that is, a definition that characterizes the word and explains its meaning in everyday language. (*Reluctant means you are not sure you want to do something.*)
4. “Examples in contexts other than the one used in the story were provided. (Someone might be *reluctant* to eat a food that they never had before, or someone might be *reluctant* to ride a roller coaster because it looks scary.)
5. “Children interacted with examples of the word’s use or provided their own examples. (Tell about something you were *reluctant* to do. Try to use *reluctant* when you tell about it. You could start by saying something like ‘I would be *reluctant* to \_\_\_\_.’)

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*Text talk, a method that has proven to be highly effective in vocabulary instruction with young children . . . targets three words per read-aloud text and is used after the text has been read aloud and discussed so that there is a strong context for introducing word meanings.*

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6. "Finally, children used the word again to reinforce its phonological representation. (What's the word we've been talking about?)"

The research on preschool vocabulary and oral language development also includes these recommendations:

- When classifying animals, objects, and so on, always provide examples. ("Birds are animals that have a beak, feathers, and two legs. A chicken is a *bird*; so is a duck.")
- Encourage "curiosity" questions during meals or snack time. ("What do you think this food is made of? Where does it come from?")
- Elaborate on children's words and phrases. ("That's a *boat*." "Yes, it is a very large boat that travels on the ocean. It is called a *ship*.")
- Model the use of vocabulary and sentence structure that is at a more complex level than that of the children. ("I working." "Yes, you are busy pounding those bolts on the workbench with your hammer.") (Hall and Moats 1999; Menyuk 1999)
- Acknowledge and compliment children's *efforts* at using new words.

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### Ideas for Promoting Reasoning Skills

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Other key experiences that prepare young children for comprehending the complex ideas in elementary school texts include activities that nurture the development of problem-solving and reasoning skills. The teacher can foster these skills as follows:

- Share how he/she has solved a problem in his/her life. By orally modeling the appropriate steps to

be taken when facing a challenge (e.g., the car not starting in the morning), the teacher encourages young children to develop solutions as well (e.g., rebuilding their "towers" when they have fallen).

- Offer children frequent opportunities to explain how they have completed a complex task, such as building a bridge with various types of blocks.
- Encourage children to verbalize their problem-solving strategies. ("Since there is only one ball, and we both want to play with it, we can play catch.")

Of all the activities that expose preschoolers to key ideas in books, none is more important than reading aloud to them every day. During extensive discussions following read-aloud experiences with the teacher, young children need frequent opportunities to:

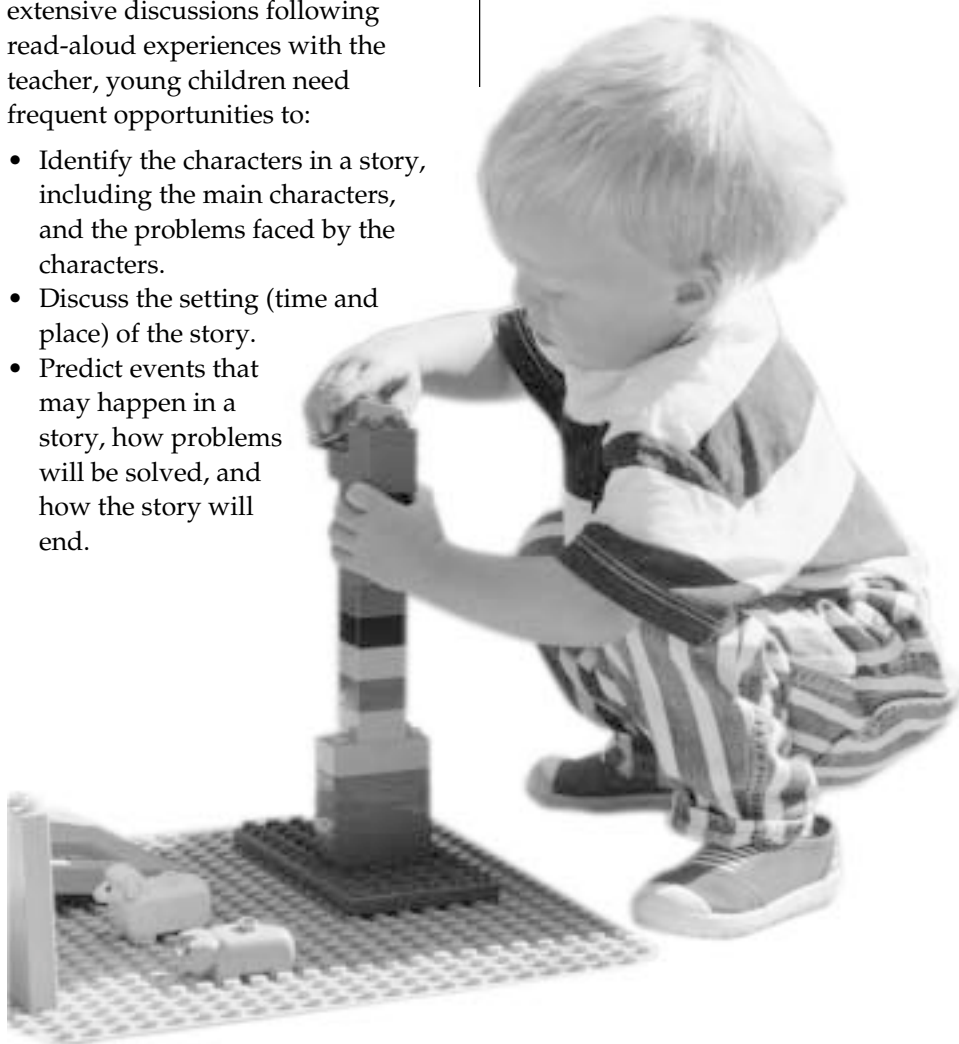
- Identify the characters in a story, including the main characters, and the problems faced by the characters.
- Discuss the setting (time and place) of the story.
- Predict events that may happen in a story, how problems will be solved, and how the story will end.

- Retell and dramatize a story. (Encourage the children to begin with "Once upon a time . . .")
- Attempt to retell some story events in sequential order.

Other key experiences for preschoolers with read-alouds include these:

- Chanting along with the teacher in big book read-alouds that focus on rhyme, rhythm, and repetition of language patterns
- Participating in one-on-one and small-group dialogic reading in which children have opportunities to shift to the role of the storyteller while the teacher asks questions, adds information, and prompts

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# Building Language and Literacy

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them to expand on their descriptions of what they see in a picture book (Whitehurst and Lonigan 2001)

- Learning about the world through informational books, including books about children from different cultures, living and nonliving things, seasons, and so forth

In an article in *American Educator*, the author notes: “From the time they enter preschool, students must experience language stimulation all day long if they are to compensate for their linguistic differences. Teachers must immerse them in the rich language of books” (Moats 2001).

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## Ideas for Promoting Comprehension

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In addition to daily, engaging experiences with read-alouds, young children need to have long periods of uninterrupted play if they are going to be successful in comprehending written text in elementary school. Choice of play activity is essential, and both construction and dramatic play options need to be available. The development of creativity and imagination is crucial in preparing children for the visual imagery that is so vital to text comprehension in the elementary grades. Teachers need to support the “self-chatter”

inherent in play and encourage dramatic play by providing props whenever possible and being an audience for impromptu dramatizations.

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*The development of creativity and imagination is crucial in preparing children for the visual imagery that is so vital to text comprehension in the elementary grades.*

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Adult-child conversations are yet another powerful vehicle for strengthening preschoolers’ language development and preparation for successful reading comprehension in later years. During outside play, “circle” time, choice time, and countless other periods during the day, adults can “stretch” children’s thinking by:

- Discussing “nonimmediate topics”—past and future events—with children (“What was your favorite part of our trip to the zoo?” “What do you think we will see when we go to the farm?”)
- Providing “wait time” when a child is putting his/her thoughts together before communicating

(Offer words as needed, but let the child control the discussion.)

The challenge is to provide a rich language and early literacy experience for every preschooler. What kind of support is needed so that teachers can accomplish this vitally important work? The view of this author is that teachers need a research-based preschool curriculum that has demonstrated results in developing the skills for successful reading in elementary school.

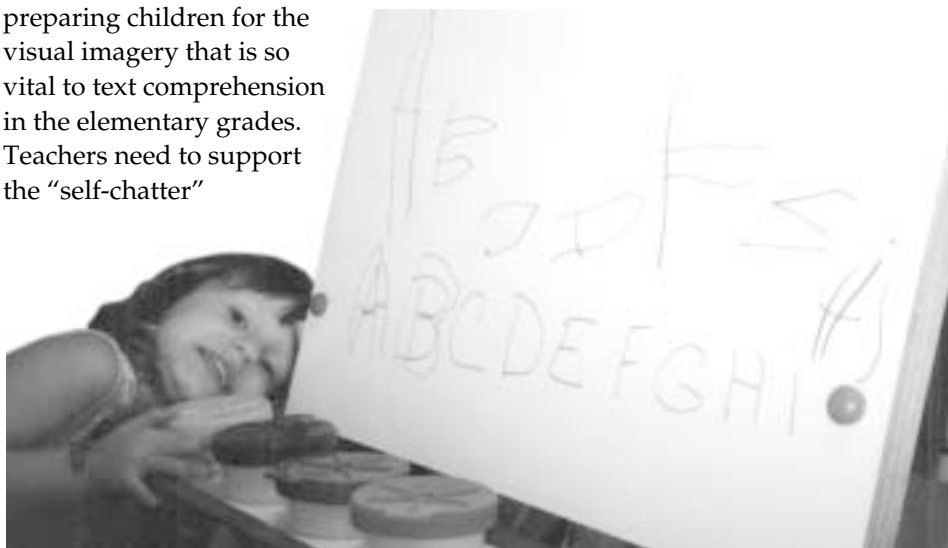
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## The Need for Professional Development

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Although a comprehensive program that exposes young children in a developmentally appropriate way to these foundational experiences is important, the effective teaching of such a curriculum can provide a rich experience for every child. Preschool educators and support staff need professional development linked to the curriculum they are using. Ideally, this training would include strategies to ensure that those most at risk of failing to read will get the instructional assistance needed to ensure their success as readers in elementary school. In addition to introductory institutes, teachers need regularly scheduled follow-up sessions, support from coaches, opportunities to visit model classrooms, and time to reflect on their own instructional practices in safe, collegial settings. Leadership is also essential. Early childhood program leaders need to be sure that state-adopted materials are made available to all sites and that staffing, professional development, and resources are provided for successful curriculum implementation.

Does exposure to foundational concepts in language and early literacy mean that teachers should not



support their children's socio-emotional development, or that the kindergarten curriculum is being pushed down into preschool, or that preschoolers will no longer have "choice time" at centers or opportunities for play? The answer is a resounding no to all three questions. A balance of direct teaching and child-initiated play is essential in preschool programs, and language and early literacy development supports social-emotional development (*Best Research on What Works* 2002).

Child development expert Lyon (2001) aptly states: "Our children require informed and systematic interactions and experiences with adults who will take the time and effort to teach vocabulary and other oral language concepts, phonological concepts, letter knowledge and other print and emergent literacy concepts. We have learned that these interactions and experiences are most productive and that school readiness concepts are best learned when provided in safe environments where the kids feel emotionally secure and where they can develop close relationships with children and adults."

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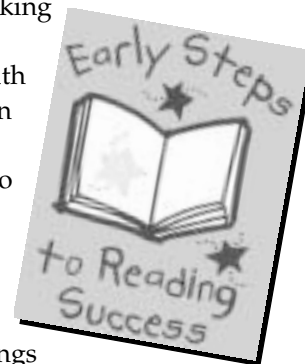
# Language and Literacy Development

By Paulina Escamilla-Vestal,  
former Project Manager

*Early Steps to Reading Success Project*  
California Association for the Education  
of Young Children

Language development and literacy do not happen automatically as a result of maturation. Children acquire language over time through talking and listening experiences with adults and other children. According to Kamberelis and Perry (1994), "Oral language is used as a mediator between written language and forming an understanding of what print means." As early childhood educators working with young children, it is important that we provide *meaningful* language experiences that will expand and enhance children's oral language development. It is not enough to simply do the "drill and teach" that often takes place in many preschool settings. Some examples of the "drill-and-teach" method of talking with children are "Is this a square/triangle?" "Is this red or blue?" "How many \_\_\_ are there?"

Through talking and listening experiences with others, children learn to "talk about words; to recognize the differences between the words used and the meanings they intend in their conversations;



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# Program Lends Materials to Kids Before They Read

By Karen Pierce Gonzales  
Originally published in the  
San Francisco Chronicle

Rebecca Randall rides the bus to work at United Way's Bay Area headquarters in San Francisco each day. One morning not too long ago, she noticed a young Latina mother with her two children in nearby seats poring over books provided by the Raising a Reader (RAR) program, a volunteer book-lending program designed to encourage literacy at home.

Randall, who is a United Way office representative assisting with that statewide project in Napa, San Francisco, and Contra Costa counties, was thrilled with what the mother and her children were doing.

"This was the RAR program in action. I leaned forward and asked the children if they liked the books," Randall said. Unsure of who she was or why she was interested in what they were doing, the children clung tightly to their red book bags. The bags, like the books the family was reading, were also part of the reading program that thousands of other families enjoy while improving literacy skills.

The take-home book bag program (designed to be a collaborative effort between community agencies, child care centers, and caregivers) has reached more than 36,000 homes in six Bay Area counties (Napa, Sonoma, Alameda, San Mateo, Santa Clara, and San Francisco). The program is also being run in Placer, Riverside, and San Diego counties

and in Florida, Hawaii, Virginia, and Mexico.

Melinda Su of Menlo Park is program director of the project, which was initiated by the Peninsula Community Foundation (PCF) through the Center for Venture Philanthropy.

The Raising a Reader program began in 1999 as a collaborative project of the San Mateo County Library; Peninsula Partnership for Children, Youth, and Families; and the PCF in Menlo Park.

The program provides bilingual books in Vietnamese, Chinese, Spanish, Tagalog, Bengali, Korean, and English. The content must be age-appropriate and reflect healthy social values for children through age five.

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*The program provides bilingual books in Vietnamese, Chinese, Spanish, Tagalog, Bengali, Korean, and English.*

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Child care center directors distribute the book bags, with four books in each, and children take them home, where it is hoped they will invite their caregivers to read to them.

The goal is to level the playing field for children who might otherwise not have had an opportunity to develop important literacy skills before attending kindergarten.

In researching kindergarten readiness, PCF found that the early use of books in the home assisted



with development of "preliteracy skills," said Su. "Children learn how to hold books, and they know that the printed word means something."

PCF statistics show that one in three children in the U.S. enters kindergarten without basic prereading abilities and never develops strong reading skills. For children with limited English proficiency, the need is perhaps even more acute.

"Children who do not have sufficient preliteracy abilities by the time they begin kindergarten often struggle with reading for the remainder of their school years and lives," Su said.

According to Professor Deborah Stipek, Dean of Stanford's School of Education, "Raising a Reader is based on the best research on early reading. The program reaches into the home to help parents create the literacy-rich environment that has been shown in research to foster high levels of literacy skills."

Created to be a ready-to-use classroom kit at home, this volunteer program is a hit with many parents.

Leo Gonzalez of San Jose, head of a parent council in a San Jose Head Start program, said his four-year-old daughter Cassandra, in her second



year with the RAR program, is now very interested in books.

"At bedtime, I read to her and then she pretends to read to me. I think it's very important that she first have books in Spanish. She is very interested in learning, and knowing how to read books will make a difference later in school."

At the Davis Street Family Resource Center in San Leandro, coordi-

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*Created to be a ready-to-use classroom kit at home, this volunteer program is a hit with many parents.*

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nator Eowyn Gorman found that the program's success has much to do with its being "family friendly."

"Parents will often work two or more jobs and don't have time to browse the library, let alone return books when they are due. This way, if a child really enjoys a book, he or she can have it read again and again. Then, when they are ready, they bring the books back and get some new ones."

By the way, she added, parents look forward to getting the books, too. In some cases, the home reading improves their literacy skills as well.

Davis Street currently oversees the program in three of their subsidized child care centers; two are for preschoolers and one for infants and toddlers. A majority of the children are of Latino, African American, and Caucasian working poor and impoverished homes.

RAR is funded through Peninsula Community Foundation's Center for Venture Philanthropy's Social Venture Fund. By collaborating with community partners, such as the United Way and Head Start, as well as investors, they raise the necessary money for each book bag that goes home—about \$35 per child.

The money is well spent, said Carol Welsh Gray, executive director of the Center for Venture Philanthropy. "More than 90 percent of human brain development takes place in the first five years of life, and yet this is the point at which our society spends the least amount of resources on developmental stimulation."

San Francisco coordinator Janell Flores of the Bella Vista Foundation agreed. "Our statistics show that more than 10,000 San Francisco children and their families can use this program. Today in San Francisco we have applications from 60 different child care sites who are interested in the program."

All of the sites qualified, she said, but there are not enough resources. "So we have some child care centers on a waiting list."

The Bella Vista Foundation, like the other agencies who work with it, provides funds for program training to child care directors. "We talk about book cuddling and how to deliver this program to limited English speakers," says Flores.

Videotapes are also provided in various languages, and each center receives one kit. "That's 104 books per center, and we distribute them to each district in San Francisco. I personally have delivered over 4,000 books," Flores said.

Catherine Held, who works with the Sonoma County chapter, says the program is expanding there as well. "We are now in about 1,200 homes a week and have 30 child care center sites." That statistic also includes the Migrant Education Home Visiting Program and St. Joseph's Health Care, which provides information and referral to families.

"We have very committed families who really did not know how they were going to help their children learn to read," Held said.

The reading benefits everyone in the family. The child who is read to enjoys the storytelling as well as the time spent listening to someone familiar read to him or her. The books selected reflect life for the children who, due to language constraints, may live in two worlds at once. And, lastly, the parents or caregivers also gain from the process.

One Sonoma mother was so excited by the reading program, she sought out an English-as-a-second-language class. Another in Santa Clara went on to earn her GED certificate.

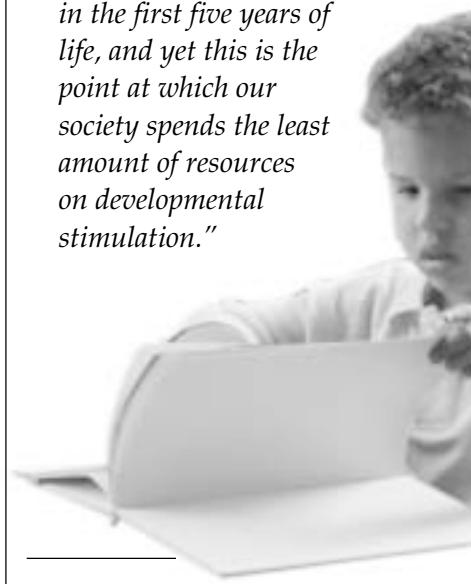
Six independent evaluations, including the Print Concepts/FACES test designed by the federal government and administered in Head Start programs nationwide, showed that in 2001, Head Start children in the RAR program for eight months tested at least twice as high as the national norms for Head Start students in kindergarten readiness skills of book knowledge, reading comprehension, and print knowledge.

Results also suggested that Spanish-speaking children showed

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*"More than 90 percent of human brain development takes place in the first five years of life, and yet this is the point at which our society spends the least amount of resources on developmental stimulation."*



# StoryQUEST

## An Innovative Approach to Beginning Language and Literacy for Early Head Start

*By Joanne Knapp-Philo, Ph.D.  
StoryQUEST Director*

*Kimberly Stice, B.S.  
StoryQUEST Coordinator*

*California Institute on Human Services  
Sonoma State University  
[www.sonoma.edu/cihs/storyquest/](http://www.sonoma.edu/cihs/storyquest/)*

**S**toryQUEST: Celebrating Beginning Language and Literacy provides and evaluates specialized training to ensure that infants and toddlers have optimal opportunities to develop language and literacy skills through their daily interactions and relationships. It features a model that teaches teams of family members, caregivers, Early Head Start staff, and community leaders the strategies and techniques that research has shown support very young children to develop and sustain a strong foundation for future school readiness. A project of the California Institute on Human Services at Sonoma State University, StoryQUEST, in collaboration with partners at Oregon State University and Washington Research Institute, is funded as a two-year Early Childhood Educator Professional Development grant from the U.S. Department of Education.

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### Curriculum

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The StoryQUEST curriculum reflects an ecological approach to beginning language and literacy, is research-based, and focuses on best practices in these areas:

- Beginning language and literacy for infants and toddlers
- Community mobilization activities that support and sustain emerging language and literacy

- Techniques that foster transfer of skills from training to practice and spread the effect of training throughout organizations

The cumulative curriculum is presented through three training events. It is reinforced by follow-up activities (on site, conference calls, and online) and is informed by the experiences of participants over time. In addition, participants will engage in a peer-mentoring process in which they share the information from StoryQUEST with a colleague to spread the training to each Early Head Start (EHS) program.

Teams develop action plans from the attitudes, information, and best practices presented during each training. The action plans outline the specific changes to be implemented in EHS programs and communities in the areas of "Listening, Talking, and Communicating," "Relationships," "Tools of Early Literacy," and "Community Mobilization." In addition, each team member and his/her peer-mentor generates a plan for developing a skill in an area of beginning language and literacy.

The components of the curriculum are as follows:

**Three-day intensive training events for teams.** The StoryQUEST training approach builds on that of the Hilton/Early Head Start Training Program, which has been shown to be highly effective in creating sustained change in Early Head Start programs. "By participating in a training effort over time, participants are able to gather information, try new practices, repeatedly clarify ideas, investigate at a deeper level, and scaffold to new levels of understanding in a context that supports each individual learner. They do not simply leave with good intentions about trying something new, but [have] built-in follow-up that supports them to try new ideas and

strategies and to incorporate them into their program practice and to continue to take their learning to the next level." (Joanne Knapp-Philo and others, "A Training Model for the Twenty-first Century," *Infants and Young Children*, in press.)

**Intensive, on-site follow-up to support the transfer from training to practice.** Learning coaches make two-day, on-site visits every other month to assist team members to achieve goals established during the training, support the peer-mentoring process, and facilitate data collection. StoryQUEST staff members conduct two conference calls on topics generated by participants in the six months between training events to share information and solve problems. In addition, one online training/problem-solving session is held after each StoryQUEST event to support the ongoing work of the participants.

**Peer mentoring after the training events to ensure spread of effect.** Each participant, under the guidance of the learning coach, mentors a peer about the content of the trainings through a specially designed mentoring process learned during each training event.

**Shared training throughout the EHS program and community.** Participant EHS programs receive training materials to enable them to replicate training activities and content.

**Evaluation efforts to examine the efficacy both of the curriculum and of specific components of the training model.** The StoryQUEST evaluation examines 11 identified outcomes for the child, family, EHS staff, community, and training design. The following components of the model will be examined as a part of the evaluation process:

- Change in practices of participating programs
- Changes in the child
- Peer mentoring
- Learning coach follow-up

- Conference call follow-up
- Online activities
- The training components designed to facilitate transfer of skills from training into practice and sustain change over time

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## Model of Beginning Language and Literacy

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StoryQUEST: Celebrating Beginning Language and Literacy is based on the following premises:

- Language and literacy are grounded in the relationships and activities that each infant and toddler experiences throughout daily routines with family members, caregivers, and the community.
- Schools in communities at risk of poverty and crime are widely reported to have large numbers of students who have poor academic achievement and reading levels. This situation requires an ecological approach beginning with the youngest children and involving families, care providers, and communities as a whole to consciously support the development of early language and literacy. Developing language skills and literacy can best be accomplished by creating community-wide, culturally relevant environments, opportunities, and interventions.

Therefore, the StoryQUEST model of beginning language and literacy addresses child behaviors as well as individual and collective adult efforts.

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## The Child

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Throughout the period from birth to thirty-six months, young children develop key skills that directly undergird literacy. Preliteracy activities are based on language acquisition

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# An Innovative Approach

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and are practiced through play as a part of daily routines for all infants and toddlers.

Fundamental behaviors acquired through these activities include:

- Handling books
- Looking at and recognizing objects and pictures
- Comprehending pictures and stories
- Participating in activities involving symbols
- Imitating actions from pictures or stories
- Distinguishing words, oral sounds, and objects
- Interacting with others around books, stories, and songs
- Playing with sounds and words and making positive, affective verbal and nonverbal responses

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## Family Members and Care Providers

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Family members and caregivers enhance the development of early language and literacy in infants and toddlers when they use specific, intentional interactions and environmental interventions. Such behaviors include:

- Providing and using literacy props, such as books, catalogs, signs, and magazines
- Reading books and stories to the child
- Playing with sounds, nursery rhymes, and jingles to develop phonemic awareness
- Building on the child's responses by adding literacy responses (e.g., "Your jacket is red—remember the little boy who played in the snow in a red snowsuit in the book we read?")
- Meeting the child's pace by waiting for her or him to respond and building on that response

- Using exaggerated facial expressions and displaying enthusiasm while reading or telling stories

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## Communities

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Individuals need community support to sustain new behaviors. Since so many children in high-need communities struggle with literacy throughout their school years, it is important to develop an environment that encourages literacy activities; enhances provider and child efforts; and supports substantive, community-wide change. Communities that foster the acquisition of early literacy skills help in the following ways:

- Provide very young children and their families with a library that is open at hours convenient to them in their neighborhood.
- Identify partners and plan together to build a community coalition to support literacy at all ages.
- Hold a variety of ongoing and special events that create positive celebrations of families, language, and literacy.
- Formalize these events throughout the community.

StoryQUEST training efforts provide family members, caregivers, and community leaders with strategies, techniques, resources, and support to provide infants and toddlers with optimal opportunities to develop beginning language and literacy skills.

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## Participants

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The national sample consists of teams from 30 EHS programs that completed the Hilton/Early Head Start Training Program and met an additional set of established criteria. Twenty programs participate in the

treatment group and ten in the control group.

Each program identifies six team members, one in each of the following roles:

- An administrator with decision-making authority
- A teacher or home visitor who provides direct service to children and families
- A parent with leadership potential whose child is between ten and eighteen months old and is currently enrolled in the EHS program
- An education coordinator or supervisor
- A community partner who will work with EHS to build community-wide efforts to support literacy activities for all children
- The literacy specialist from Head Start who can support articulation of literacy efforts from EHS to Head Start

The two participating Early Head Start teams from California are Fresno County Economic Opportunities Commission EHS (Kathleen Shivaprasad, EHS Coordinator) and Volunteers of America of Los Angeles (Antione Van Dam, EHS Director).

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## Goals of Research and Training

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The ultimate goal is that the research-to-practice curriculum will provide EHS programs across the nation with a framework and training materials on which to base their beginning language and literacy efforts. In addition, the rigorous evaluation efforts will provide insight into the effects of intense, comprehensive training in Early Head Start programs and inform future local and national planning and training.



# Redwood City Even Start Collaborative

## A Success Story

by Gloria Nudelman  
Coordinator, Redwood City Even Start

**L**orena Contreras\* is a student in the Even Start family literacy program in Redwood City, San Mateo County. Lorena is twenty-two years old and married, with two children: Mayra, four, and Cesar, two.

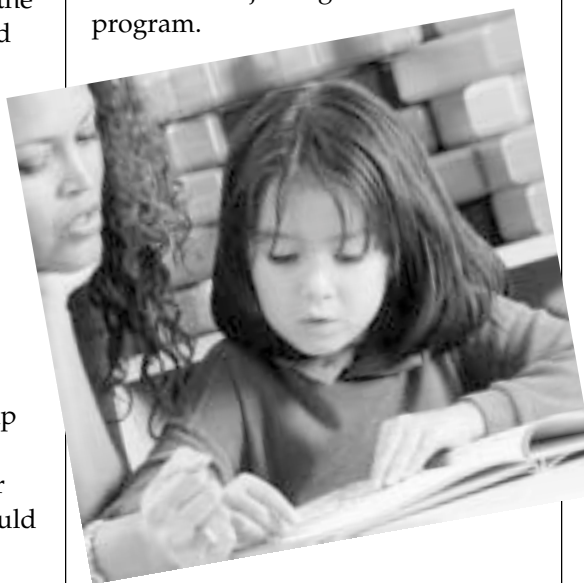
Lorena and her husband came to the Bay Area from Mexico when she was pregnant with her first child. Their trip was difficult, and Lorena still describes "the crossing" with anxiety. They left Mexico because the conditions in their rural village had deteriorated in recent years. There were no jobs, and inflation was skyrocketing. Lorena and her husband felt hopeless about the future. They wanted a better life for themselves and their unborn child.

Lorena was born the third of eight children in her family. She completed only the fourth grade, after which she dropped out to help her mother with her five younger siblings. She has always longed for more education and wishes she could read and write as well as her older sister, who completed the ninth grade.

Lorena has lived in the San Francisco Bay Area in relative isolation. Living in the Latino barrio, she managed to get by without English by shopping at Spanish-speaking stores and attending a Spanish-speaking church. She and her children mainly stayed home in their tiny

apartment. Her husband had to work two jobs in order to pay the \$1,600 rent, and Lorena had not gotten to know her neighbors. There was no yard where she lived. She sometimes went to a local park and chatted with other young mothers. Otherwise, her day was spent cooking and cleaning. She worried that the children had no place to play or other children to play with.

Lorena heard about Even Start from one of the other mothers in the park, who encouraged her to apply for classes there. At first Lorena was fearful about joining the program.



Would the classes be too difficult? Would people laugh at her low literacy skills? Her neighbor assured her that she would be welcomed and that the teachers and other students would be supportive. Lorena decided to give Even Start a try. She knew she would need to be able to speak English to communicate with her children's teachers when they began elementary school. She

wished she could speak to the doctor at the clinic about her children's health. In addition to learning English, she wanted her children to play with other children and to learn.

Lorena is now enthusiastic about Even Start and the services that it provides for families. She has made good progress with her English skills, her children are learning, and her self-esteem and confidence have increased. She has friends and participates in Even Start community events, such as the annual Christmas Posada.

Lorena has access to a range of services from different agencies in the community, all of which are members of the Even Start Collaborative. The program is located at John Gill Elementary School in the Redwood City School District. Lorena studies English with teachers provided by Cañada College and Sequoia Adult School. Her two-year-old son, Cesar, receives a center-based early childhood education funded through the Even Start grant. Her four-year-old daughter attends the state pre-school, which is located next door to the Even Start complex.

Even Start projects are funded by the federal government and are awarded through competitive grants. The family literacy program targets low-income families who have children between birth and seven years of age. The mission of Even Start, as stated in federal law, is to break the intergenerational cycle of poverty and illiteracy.

Federal law mandates that every Even Start program collaborate with

*(Continued on next page)*

\*Not her real name

# Redwood City Even Start Collaborative

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other entities to provide services. During the grant-writing process the Redwood City School District collaborated with different community agencies to meet the needs of low-income families in the district. Federal law also mandates that Even Start families participate in all four components of the program:

- Adult education
- Early childhood education
- Parenting education classes
- Parent-child interactive literacy activities

Lorena and her two children receive services in each of the component areas. Lorena's mornings are spent studying English. In the afternoon she attends parenting classes, computer technology classes, or study groups. Some of the various parenting education classes are funded by Even Start; others are provided by collaborative agencies. She attends regularly scheduled parent-child time in her children's classrooms and also practices reading with her children at home, using the Raising a Reader book bag program.

The Redwood City Even Start program is able to provide continual early childhood services from birth until children enter kindergarten. An Even Start family can begin studying in the program when the child is an infant. That child can receive early childhood education in the Even Start infant/toddler center, then attend the state preschool (accredited by the National Association for the Education of Young Children), and eventually enter kindergarten at John Gill School. So by the time the child enters kindergarten, he or she has received significant support in early language development and literacy. Equally important are the relationships that begin to develop between parents

and school staff so that parents feel comfortable and valued at school.

There is overwhelming evidence that language development in the first three years of life is the key to later success in school. There is also evidence that by age three wide disparities exist between the vocabulary development of low- and middle-income children.<sup>1</sup> Even Start addresses this need by providing children with early childhood services and the parents with the information, skills, and practices to develop language and literacy in their children.

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*There is overwhelming evidence that language development in the first three years of life is the key to later success in school.*

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Even Start parents are learning new literacy skills to help their children at home. They read to their children daily. They take them to the library. They check out books from the Even Start Center. They take time to talk with their children during everyday parenting activities to build the early vocabulary that will be instrumental to later success in school.

A significant advantage to providing services at an early age is that children with disabilities can be identified early and assisted quickly. A child with severe hearing problems was identified when he was only two years old. This child was able to get the needed medical treatment to correct his hearing problem and received special services to help improve his speech. Had he not been identified until he started preschool, his speech problems would undoubtedly have been more severe.

The state preschool has been an essential collaborative partner since the beginning of the Even Start

program. The hours of Even Start adult education and parenting education were coordinated so that parents could receive instruction while their preschool children were in class. This strategy proved advantageous for both programs. Even Start parents were pleased that their children's schedules matched their own. The preschool personnel were readily able to communicate with the parents, who were studying English as a second language at a nearby classroom. Parents learned techniques for working with their children in the Even Start parenting education classroom and became more effective volunteers in the state preschool.

The collaborative effort has involved the steady labor of many people. One of the greatest achievements of the collaborative was the construction of the Even Start facility. The Redwood City School District generously agreed to donate the land for the facility. Since land in San Mateo County is extremely expensive, this donation was a tremendous asset to the program. The vision of a permanent Even Start family literacy center was shared with local foundation and business people.

A major breakthrough came when the *San Francisco Chronicle* printed a feature article on the first page of the Peninsula section in February 2000. A skilled and articulate reporter conveyed the passion that staff felt about the program. To those who seek public support for their programs, there is a lesson: Always cultivate positive relationships with the press. After reading the *Chronicle* article, the head of a local foundation gave a \$115,000 challenge grant for the building!

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<sup>1</sup>Betty Hart and T. R. Risley, *Meaningful Differences in the Everyday Experiences of Young American Children*. Baltimore: Brookes, 1995.

Eventually a total of \$600,000 was raised for the building from foundations, individuals, and businesses in the community. An additional \$50,000 came from federal Even Start funds. An architect designed a facility that met the needs of both children and adults. It consists of two large portable buildings connected by a deck. One building contains the adult education and Even Start administrative offices, and the other houses the spacious Infant/Child Center.

In 2002 a second application was successfully submitted for a second four-year cycle of funding. The coapplicant, Cañada College, has played a vital role in the project as it has grown. Cañada College provides all the teachers in the community-based English tutoring program who teach English as a second language at the site. Cañada also pays special attention to Even Start students who transfer from the program to the English classes at the main campus. Those students are individually counseled and receive support as they adjust to the new demands of college scheduling.

There are now more than 20 collaborative partners, including local colleges, the child care coordinating council, Americorps, churches, local libraries, school programs, and others. The Even Start program's quality indicators serve to define the outcomes sought in California programs. The indicators were developed in response to the federal government's mandate for accountability. Every Even Start project is evaluated annually by an independent evaluator who analyzes the data provided in order to measure success by the quality indicators. The Redwood City Even Start program is showing significant progress in each of the four components.

As Lorena has progressed through Even Start, her goals have changed.

She has reached her goal of speaking English well enough to communicate with her child's doctor. She now has a goal to attend Cañada College and eventually train for a career. She wants her children to go to a university someday and grow up to have professional careers.

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*Every Even Start project is evaluated annually by an independent evaluator who analyzes the data provided in order to measure success by the quality indicators. The Redwood City Even Start program is showing significant progress in each of the four components.*

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Lorena's children, Mayra and Cesar, are doing well. They both love books and ask to be read to frequently. Children in Even Start are having the early developmental experiences they need to be ready for kindergarten. They are assessed by the Desired Results assessment system and are making excellent progress. They are beginning kindergarten with the skills needed to be successful.

Lorena's experience is common in Even Start. Parents begin to see exciting new possibilities open up for themselves and their children. They develop more self-confidence and aspire to many new and challenging goals. This year 14 parents have transferred from on-site English classes to attend Cañada College.

The Redwood City Even Start collaborative is always growing and changing to meet the needs of the community. A strong network of services has been created for families to educate two generations at once, a goal of the Even Start family literacy program.

## Program Lends Materials to Kids

(Continued from page 9)

dramatic improvement and compared favorably to English speakers in gaining book knowledge and triple (or more) their scores in reading comprehension and print knowledge.

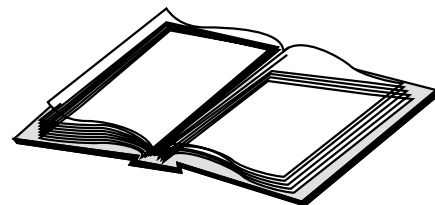
RAR has expanded its reach to include a baby preliteracy program. The first program of its kind in the nation, it works to train nurses who visit at-risk families at home to help new parents and other infant caregivers get an early start on healthy reading practices while fostering crucial brain development.

"Early reading helps to stimulate language centers and illustrations can activate the brain's creative centers," said Gorman, whose East Bay program is funded by the Junior League of the East Bay.

For Gray, this new venture extends the dramatic success that RAR has had in California Head Starts and other state preschool programs to babies at home in those vital first 24 months of life.

Four-year-old Belia Dejesus of Santa Clara County thinks the RAR program is great at any age. According to mother Erika, who is 21, Belia enjoys the responsibility she has taking care of her "red book bag" and she also likes the fact that reading has become a favorite weekend activity for her family.

For information about Raising a Reader, call (650) 854-5566 or visit the Web site <http://www.pcf.org>.



# California Ready To Learn and Head Start A Recipe for School Success!

By Sheila Butcher Smith, Manager  
Early Learning  
KQED Education Network

**R**eady To Learn is a national public television initiative that provides extensive community outreach; hands-on workshops; educational print and online resources; developmentally appropriate books free of charge; and support for child care professionals, parents, and families. The foundation for this initiative is the research-based, high-quality educational children's program PBS Kids. Professionals and parents are taught how to select and use theme-based content from such award-winning programs as *Sesame Street*, *Reading Rainbow*, *Between the Lions*, and *Mister Rogers Neighborhood*, along with curriculum guides, children's books and activities to enrich children's early learning. This theme-based model of **viewing**, **reading** and **doing** is referred to as the Learning Triangle.

## Ready To Learn National Research

The University of Alabama (Institute for Communication Research 1999, 2000) conducted a study commissioned by PBS to determine the impact of the *Ready To Learn* service during the first five years of its operation. The study concluded that parents who participated in local Ready To Learn workshops read more books and stories to their children, included more hands-on activities, engaged in more word activities, read more for educational purposes, and visited the libraries and bookstores with their children more often than parents who did not attend.

## Ready To Learn and Emerging Literacy

Emerging literacy skills involve speaking, listening, reading, writing, and understanding. PBS Kids programs are highly engaging and interactive. Adults are encouraged to plan their use of PBS Kids video segments at school or in the home and to view these video segments with children. PBS Kids programs are designed to allow children time for reflection and interaction, thus enhancing cognitive and language skills. Adults are encouraged to build on planned viewing segments with books and related activities. Integrating the Learning Triangle (**viewing**, **reading**, and **doing**) into daily activities supports a child's emerging literacy skills.

## California Ready To Learn

Eight California Public Television Ready To Learn stations received funding from the California Department of Education (CDE). With the assistance of CDE staff, the stations have formed an important collaborative. In addition to providing a wide range of services in the local areas, the collaborative has presented workshops for statewide and national conferences, including both the National and California Literacy Conferences. Some successful partnerships have been forged with the following stations:

- KEET, Eureka—works closely with Early Head Start by providing special family events.
- KIXE, Redding—reached more than 300 Head Start children, who

received 2,700 books over the past 18 months. KXIE facilitated professional development training workshops for more than 25 Head Start teachers. KIXE also provides monthly guest readers as part of the PBS Share a Story Campaign.

- KVIE, Sacramento—received \$25,000 from the First 5 Commission of San Joaquin County to produce a Ready To Learn workshop video in Spanish. One thousand copies will be distributed through community partners, including Head Start. KVIE has provided workshops for 25 Head Start teachers.
- KQED, San Francisco—partners with five San Francisco Head Start sites reaching more than 400 families and 100 child care professionals. KQED provides bimonthly professional development training for teachers and social workers, multilingual workshops (English, Chinese, and Spanish) for families, along with free books, videos, and educational materials. The KQED Ready To Learn manager serves on the San Francisco Head Start Advisory Committee.
- KCET, Los Angeles—has collaborated since 1994 with local Head Start sites and other child development and family literacy organizations and trained over 6,000 parents/caregivers and early childhood professionals (home and center-based) in the educational use of public television programs affecting more than 70,000 children. Approximately 25 percent of the participants were Head Start parents and educators.
- KPBS, San Diego—provides a series of three professional development workshops for local



## Language and Literacy

(Continued from page 7)

Head Start teachers. It has reached more than 80 Head Start professionals to date.

- KTEH, San Jose—submitted a proposal to the First 5 Commission of Santa Clara County to train Head Start teachers and administrators using a train-the-trainer model in various workshop curricula. Trained Head Start professionals will train additional Head Start staff and families. Resource materials, books, and videos will be provided.
- KVPT, Fresno—recently facilitated five literacy workshops for 200 teachers attending the Central Valley Head Start Conference.
- KVPT, Fresno—received a grant from the First 5 Commission of Fresno County to produce 48 episodes of a weekly half-hour television program entitled **0-5 in 30 minutes** for caregivers, teachers, and parents. It was launched in February 2004. Web content, on-air promotion, and print materials will be included.
- KPBS, San Diego—received \$1.4 million over the last two years from the First 5 Commission of San Diego. Parents receive valuable information through public service announcements, Web content, newscasts, radio programs, events, and print materials.
- KTEH, San Jose—submitted a proposal to the First 5 Commission of Santa Clara County to train Head Start teachers and administrators with a train-the-trainer model. Resource materials, books, and videos will be provided.

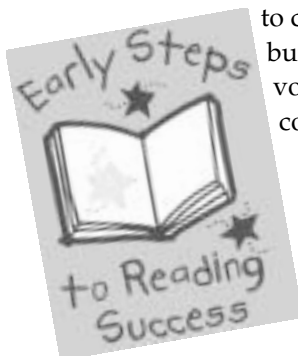
To learn more about your local Ready To Learn station, visit <http://www.pbs.org/readytolearn/>.

Ready To Learn is funded in part by the California Department of Education and by a cooperative agreement from the U. S. Department of Education, PR/Award Number R295A00002.

and to talk about their thinking *and* children's progressing literacy abilities" (Torrance and Olson 1985).

What can early childhood educators do to provide *meaningful* language experiences for young children? The HeadsUp! Reading course recommends the following strategies:

- ✓ **Engage children in meaningful conversation.**  
This involves talking *with* children—actively listening and talking with children individually and in small groups about what interests them.
- ✓ **Describe orally what the child is doing.**  
For example, when a child is playing on a slide, you might say, "I see you climbing up the stairs and sliding down." We tend to practice this with children when they are toddlers but do not continue once children become preschoolers.
- ✓ **Respond to children's sounds, words, and questions.**  
When working with young children, we should make time in our busy daily schedules for some one-on-one or small-group time.
- ✓ **Engage children in conversations about books.**  
Research shows that it is the talk that surrounds the reading to children that builds their vocabulary and comprehension.



- ✓ **Use rare words in conversations with children.**

When using rare words, remember to explain, in terms that children can understand, what the word means.

- ✓ **Use "wait time": briefly stay quiet and listen until the child makes a response to a comment or question.**

Because we live in such a fast-paced society, waiting for a response is not easy. A wait of at least five seconds is recommended for children to respond to a comment or question.

The following resources are helpful to learn more about the importance of oral language development and its correlation to early literacy development:

*Learning Language and Loving It*, by Elaine Weitzman and Janice Greenberg  
*Scaffolding Emergent Literacy: A Child-Centered Approach for Preschool through Grade 5*, by Anne K. Soderman, Kara M. Gregory, and Louise T. O'Neill  
*The Social World of Children Learning to Talk*, by Betty Hart and Todd R. Risely  
*What Teachers Need to Know About Language*, by Carolyn Temple Adger, Catherine Snow, and Donna Christian

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# Caring for Children with Diabetes in Your Child Care Program

By A. Rahman Zamani, M.D., M.P.H.

California Childcare Health Program, a program of the University of California,  
San Francisco, School of Nursing, Department of Family Health Care Nursing

Cases of diabetes in children are steadily increasing in the United States,<sup>1</sup> which means that more and more child care providers are likely eventually to care for a child with the disease. According to the National Diabetes Information Clearinghouse, approximately one in every 400 to 500 children and adolescents has Type 1 diabetes.<sup>2</sup> Cases of children with Type 2 diabetes, once uncommon, are increasing rapidly, possibly due to increased numbers of obese children.<sup>3</sup> Experts believe that as the childhood population becomes increasingly overweight, Type 2 diabetes will occur in younger children even more frequently.<sup>4</sup>

To care effectively for children with diabetes, child care providers should understand the basics about the disease and how they can play a part in its prevention and treatment.

## What is diabetes?

Diabetes is a serious illness in which the body is unable to properly change sugar from food into energy. A simple sugar called *glucose* is the main source of energy for the body. Insulin, a hormone produced by the pancreas (a large gland behind the stomach), helps the body to use the glucose for energy. Although the exact causes of diabetes are not known, diabetes is not contagious. However, it does tend to run in families.

Diabetes happens when the body does not produce enough insulin (Type 1 or insulin-dependent) or does not use it properly (Type 2 or noninsulin-dependent). As a result, glucose begins to build up in the blood, creating high sugar levels in the body.

Children with diabetes usually have Type 1 diabetes, in which the body does not make insulin. There-

fore, they need daily injections of insulin. Children with Type 2 diabetes may be able to manage their disease solely through changes in diet and exercise.

## Why is obesity a problem?

According to the American Academy of Pediatrics policy statement "Prevention of Pediatric Overweight and Obesity," published in the August 2003 issue of *Pediatrics*, the number of overweight and obese children has doubled in the last two decades.<sup>5</sup> Currently, 15.3 percent of children six to eleven years old and 15.5 percent of youths twelve to nineteen years old are above the 95<sup>th</sup> percentile for body mass index (BMI). The American Obesity Association uses the 85<sup>th</sup> percentile of BMI as a reference point for overweight and the 95<sup>th</sup> percentile for obesity. Obesity is associated with significant

health problems, including Type 2 diabetes.

## What are the symptoms?

**T**wo kinds of problems occur when the body does not make insulin: *Hyperglycemia*, or high blood sugar, occurs with both types of diabetes when the body does not have enough insulin. Symptoms include frequent urination, excessive thirst, extreme hunger, unusual weight loss, irritability and poor sleep, nausea and vomiting, weakness, and blurred vision.

*Hypoglycemia*, or low blood sugar, is more common in people with Type 1 diabetes. It is also sometimes called *insulin reaction* or *insulin shock*. Symptoms may include hunger, pale skin, weakness, dizziness, headache, shakiness, changes in mood or behavior (irritability, crying, poor coordination), sweating, and rapid pulse. Treatment commonly involves quickly restoring glucose levels to normal with a sugary food or drink, such as cola, orange juice, candy, or glucose tablets. If not treated properly, diabetes can result in loss of consciousness and life-threatening coma.

## What factors affect blood glucose level?

**T**he amount of blood sugar in the body fluctuates and may be affected by many factors, such as diet, exercise, emotional stress, illness, and medicine. For example, stress on the body from a cold, sore throat, or other illness may increase the level of blood glucose.

Exercise helps to lower blood sugar. Regular exercise is important because of the need to balance the effect of exercise with food and insulin. If possible, the child should test blood glucose levels before

taking part in a game or sport to determine when to eat a snack and how much food to eat.

Types, quantity, and frequency of meals and snacks have different effects on blood sugar. Children with diabetes need special diets in reasonable amounts and on regular schedules. Crackers with peanut butter or cheese, pretzels, apples, and juice are ideal snacks. A child with diabetes may need to eat a snack before, during, or after vigorous exercise.

## What is involved in blood glucose testing?

**R**egular testing of blood glucose levels is a very important part of diabetes care. Testing is done by taking a drop of blood, usually from

a finger, and placing it on a special test strip in a glucose meter. Glucose meters are easy to use, and most children quickly learn how to do their own blood glucose tests. A normal blood glucose level is between 70 and 120 mg/dl (milligrams per deciliter). Keeping blood glucose levels within this range is rarely possible in children with diabetes. A health care provider will often identify a target range for blood glucose levels—for example, 80 to 180 mg/dl. Providers performing the finger-stick test must follow universal precautions at all times.

Preschool-age children with diabetes often need frequent blood glucose tests because they have not yet learned to recognize the

*(Continued on next page)*



## Good Diabetes Care Practices

Eat reasonably, consistently,  
and on schedule.

Test blood glucose levels regularly.

Adjust insulin as glucose levels and  
activities warrant.

Exercise regularly.

# Caring for Children with Diabetes

(Continued from previous page)

symptoms of low blood sugar, cannot say what they feel, or may try to avoid or delay finger-prick and insulin injections. They may also drink and urinate frequently, so care providers should make sure children can go to the bathroom as often as they need.

## How is diabetes managed?

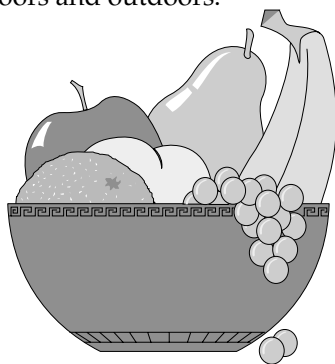
Children with diabetes can participate in all activities in a child care setting. Except for paying attention to their special care plan, you do not need to treat them differently just because they have diabetes.

The goals for treatment of diabetes in children are to maintain normal growth and development, keep blood glucose levels within a target range (not too high, not too low), and promote health and emotional well-being. Child care providers, in coordination with parents and health care providers, can prepare a special care plan to meet the special needs of children with diabetes and help them lead healthy, active, and fulfilled lives without changing their regular program. A written care plan should specify:

- When to test blood glucose and take insulin
- Regular meal and snack times
- Preferred snacks and party foods
- The symptoms of hypoglycemia and preferred treatments
- When and how to notify the child's parents of problems
- When and how to contact the child's health care provider
- The person to give insulin injections when needed

## What can child care providers and families do to prevent diabetes?

Although the causes of diabetes are not known, there is a correlation between obesity and diabetes. Some studies have shown that up to 85 percent of children with Type 2 diabetes are either overweight or obese.<sup>6</sup> The American Diabetes Association recommends healthy eating habits and increased physical activity levels not just for the child with diabetes, but also for his or her entire family.<sup>7</sup> As a child care provider, you are in an excellent position to model a healthy diet and an active lifestyle—healthy habits that can delay or even prevent the onset of some cases of diabetes. Make sure that the children in your program are offered a balanced, low-fat diet that is high in fresh fruits, vegetables, and whole grains and are provided plenty of opportunity for exercise, both indoors and outdoors.



## What does the law say about caring for children with diabetes?

Under the Americans with Disabilities Act, a federal law, diabetes is considered a disability. The law forbids discrimination against people with disabilities and

puts legal responsibility on child care providers to care for the special needs of children with diabetes.

Effective January 1, 1998, child care providers in California are allowed to perform a blood-glucose test (using a finger-stick test) on a child in their care.<sup>8</sup> However, they are not required to give an insulin injection to any child in a child care facility.

For more information on diabetes, providers may call the California Childcare Health Program's Healthline at 1-800-333-3212 or the American Diabetes Association at 1-800-DIABETES.

## Notes

1. American Diabetes Association, "Consensus Statement: Type 2 Diabetes in Children and Adolescents," *Diabetes Care*, Vol. 22 (suppl.) (1999), S5-S19.
2. National Diabetes Information Clearinghouse, available at <http://care.diabetesjournals.org/cgi/content/abstract/26/3/917>.
3. American Diabetes Association, "Consensus Statement."
4. Ibid.
5. "Prevention of Pediatric Overweight and Obesity," *Pediatrics*, Vol. 112, No. 2 (August 2003), 424-30.
6. L. Axmaker, "Children at Risk: The Type 2 Diabetes Epidemic. HealthPlus," Vanderbilt Faculty & Staff Wellness Program, 2002. [http://vanderbiltowc.wellsources.com/dh/content\\_print.asp?ID=73](http://vanderbiltowc.wellsources.com/dh/content_print.asp?ID=73) (accessed August 20, 2003).
7. American Diabetes Association, "Consensus Statement."
8. AB 221, Ch. 550, Stats 1997. Section 1596.797 of the *Health and Safety Code*.



# Symposium on Caring for Children with Special Needs

**T**he first five years of a child's life, so critical to future learning and growth, is also a period when more than half of California's children spend a portion of their day in an out-of-home setting. Since research shows that well-designed child care programs can positively influence the cognitive and emotional development of young children, regardless of socioeconomic background or developmental needs, these children should be in good hands. However, the child care system in California is as complex and diverse as its population. That means the availability of high-quality, affordable child care is severely lacking in many communities.

The situation is exacerbated for families that have children with disabilities or other special needs. Several factors influence this circumstance. The economic realities of earning a living force some families to put their child in a setting that may not be appropriate to meet their special needs; child care providers may be fearful of caring for a child with a disability because of a lack of knowledge or training; and, oftentimes, both parents and providers are unaware of federal and state laws authorizing the inclusion of children with disabilities and other special needs in child care programs.

On November 15, 2002, the issues of child care for children with disabilities took center stage at the first Transfer of Knowledge Symposium on Child Care for Children with Disabilities and Other Special Needs. This groundbreaking event was guided by recommendations contained in studies, reports, and work performed by numerous agencies and entities that serve this population, including First 5 California; the California Department of Education's

Map to Inclusive Child Care Project; the California Institute on Human Services, Sonoma State University; the California Interagency Coordinating Council on Early Intervention; and WestEd.

## Children and Oral Health: What Parents and Other Caregivers Can Do

*By Robyn Keller, B.S., Registered Dental Assistant*

*California Department of Health Services, Office of Oral Health*

**D**ental decay is an infectious disease. Recent studies have determined that people are not born with the bacteria that cause tooth decay; the bacteria are passed from caregiver to child, usually in the first two years of life. The bottom line: a person who has had a cavity carries the bacteria and can pass it to others through saliva. Sharing utensils, cups, and toothbrushes and tasting your child's food are a few ways that the bacteria can be passed. Dental disease is almost 100 percent preventable.

To help children stay healthy, the adults in their lives must also be healthy. Keep in mind the following practices:

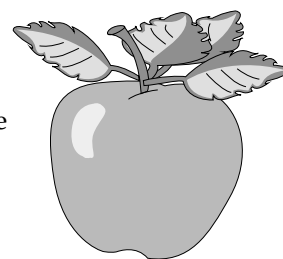
- Visit the dentist regularly for checkups and have decay treated.
- A visit to the dentist does not have to be negative. Try not to pass any fear that you may have to children.
- Brush your teeth, tongue, and gums at least twice per day and floss once. You are a child's biggest role model, and children will follow the good example you set.
- Drink fluoridated community or bottled water. Fluoride makes teeth strong and less susceptible to decay.

Planning for this event began with the Family Support Services Committee of the California Interagency Coordinating Council, supported by the California

*(Continued on next page)*

- Eat healthful food for good overall health and good oral health.
- Rinse your mouth with water and/or chew sugarless gum if you cannot brush after meals or snacks.
- Chew sugarless gum after meals to increase the saliva flow in the mouth and help wash away leftover food and debris. The increased saliva flow also helps to reduce the acid level in your mouth, a natural reaction caused by eating and drinking. An acidic environment is a "playground" for decay-causing bacteria.
- Reduce the amount of soda you consume. One 12-ounce can of soda contains 40 grams of sugar—an amount equal to 10 teaspoons. In addition, soda, coffee, and tea stain and discolor teeth.

For questions about oral health, contact your dentist. For help in finding a dentist for you, your child, or the children you serve, call the Medi-Cal referral line at 800-322-6384 or the Healthy Families line at 800-880-5305, or contact your local Child Health and Disability Prevention Program. The local dental society can also be a good source of information.



# Symposium

(Continued from previous page)

Department of Developmental Services and WestEd. The Child Development Policy Advisory Committee (CDPAC) provided primary staff support in organizing the event and served as the fiscal agent/fund-raising entity. Planning committee representatives came from the Departments of Education, Social Services, and Developmental Services; First 5 Children and Families Commission; California Institute on Human Services, Sonoma State University; WestEd; California Head Start-State Collaboration Office; Kaplan Early Learning Company; University of Southern California, University Affiliated Program, Children's Hospital, Los Angeles; Easter Seals; and CDPAC. In addition to their time and expertise, the representatives contributed a variety of existing and new fiscal and other resources.

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*The first five years of a child's life, so critical to future learning and growth, is also a period when more than half of California's children spend a portion of their day in an out-of-home setting*

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The goal of this symposium was to bring multidisciplinary community teams together to develop an integrated infrastructure for inclusive child care. With the participation of more than 400 decision makers from 51 counties representing the fields of early intervention, early childhood education, child care and development, school readiness, and school-age child care, it was evident that inclusive child care and services to children with disabilities and other special needs is a high priority in California communities. The teams came together to learn, engage in

team discussions, and agree on a plan of action to take back to their communities.

The goals of the Transfer of Knowledge Symposium participants were as follows:

- Assess the needs of children and their families as well as the needs of child care providers in regard to including children with special needs. A long-term goal is to provide an infrastructure that supports all aspects of the needs of children with disabilities.
- Identify community resources and develop a plan that will provide opportunities for child care providers to increase their knowledge and skills.
- Strengthen relationships with emerging partners and bring these partners together to participate in existing collaborative meetings regarding young children from birth to age three.
- Develop and implement a provider survey to determine the level of comfort and competency of providers to care for children with identified disabilities.
- Increase child care providers' understanding of available resources.
- Support collaboration among early childhood educators, child care and specialized service providers, and family members to ensure continuity of training requirements and standards of practice for all providers serving children with special needs.
- Increase the number of child care providers who provide quality care for children with special needs.
- Eliminate barriers so that all children, including those with disabilities or other special needs, have access to quality child care with appropriate support.

County teams were directed to create action plans based on their local community needs, and county- and state-level recommendations were developed. Recommended next steps for counties and communities were to:

- Continue to meet.
- Identify and invite missing players to participate.
- Strengthen relationships.
- Conduct a needs assessment.
- Provide trainings.
- Develop public awareness activities.
- Ensure representation of special needs on local child care planning councils.

Recommended next steps for the state were to:

- Maintain a relationship with county team liaisons to assess community needs.
- Convene a state-level team to study the issues and determine how best to address them.
- Encourage relationships between local First 5 commission executive directors and local child care planning councils by disseminating information from the Transfer of Knowledge proceedings and local contact information.
- Conduct regional meetings to share information.

The Transfer of Knowledge Symposium served its purpose of bringing important stakeholders together to address the issues of inclusive child care. Children and families throughout California will benefit greatly from this effort.

To purchase a copy of the *Transfer of Knowledge Symposium on Child Care for Children with Disabilities and Other Special Needs: Summary of Proceedings*, contact WestEd at (916) 492-4011.

# Frequently Asked Questions About Ear Infections

By A. Rahman Zamani, M.D.,  
M.P.H.

California Childcare Health Program, a program of the University of California, San Francisco, School of Nursing, Department of Family Health Care Nursing

Pamm Shaw, M.S. Ed.

Berkeley-Albany YMCA Head Start

**E**ar infections can be a hot topic in the field of early care and education. Some children rarely or never suffer from ear infections; others have repeat infections and may even have ear tubes. It is important to know the signs and take care of ear infections early not only because they can be very uncomfortable for children, but also because repeat ear infections that affect hearing may affect children's language development.

## What are ear infections?

**E**ar infections, also called *otitis media*, are an infection or inflammation of the middle ear, the part of the ear behind the eardrum. One or both ears may be infected. Next to the common cold, otitis media is the most common childhood illness and usually begins when a viral or bacterial infection that causes a cold, sore throat, or other respiratory or breathing problem spreads to the middle ear. It is also one of the most common reasons for the prescription of antibiotics and other medications to children.

Middle-ear infections are common in children between the ages of one month and six years and most common under age three. Ear infections can run in families, and boys are more often affected than girls. Children may develop ear infections a few days after a cold starts. Some children have one infection after another, whereas others never have any. Conditions that increase a child's risk of ear infections are frequent colds, allergic runny noses, bottle propping, exposure to smoke, and attendance in group settings such as child care.

There are two different types of otitis media:

- Otitis media with effusion, or collection of fluid in the middle ear, which is also called middle-ear fluid
- Acute otitis media, or infection of the middle ear

## What are the signs and symptoms of an ear infection?

**S**ymptoms result from swelling and collection of fluid in the middle ear, which may be uninfected (clear) or infected (pus). The child

may say that his or her ear hurts, cry persistently, tug at the ear, have a fever (in the case of acute otitis media), have trouble sleeping, be irritable, and have hearing problems. When infection occurs, liquid or pus develops, pushing on the eardrum and causing pain and often fever. Sometimes the pressure is so great that the eardrum bursts and the pus drains out into the ear canal. Although this yellow-white discharge may frighten parents, the child feels better and the hole in the eardrum will heal. Sometimes the child may have diarrhea, nausea, and vomiting.

Most of the time ear infections clear up after treatment with antibiotics, and no lasting problems result. However, if not treated, otitis media can cause problems such as hearing loss, infection of the inner ear, and even meningitis. Fluid may remain in the ear as long as six months after an infection has cleared up.

## How can ear infections and fluid affect hearing?

**W**hen a child has fluid or pus in the ear, sound cannot easily travel through the middle ear and thus may cause a mild or moderate hearing loss. The good news is that this type of hearing loss is not permanent, and hearing will return to normal levels when the fluid goes away.

Be alert to the possibility of hearing loss if a child has any of these symptoms:

- Has difficulty in paying attention
- Shows delays in understanding or speaking or is difficult to understand
- Turns up the volume on the television, CD player, or radio
- Has a short attention span

*(Continued on next page)*

# Ear Infections

*(Continued from previous page)*

- Does not follow directions well
- Often asks you to repeat yourself
- Turns her or his head in the direction of a sound
- Pulls on the ear(s)

## What is the impact of hearing loss?

**H**earing loss impairs the ability to learn during that critical time when language development is unfolding. On average, fluid remains in the ear for three weeks after an ear infection, but it can remain for months. Some researchers report that frequent, undetected, or untreated ear infections can lead to permanent hearing loss, delayed speech and language development, social and emotional problems, and academic failure. Pay special attention to the language development of children who have middle-ear fluid.

An infant or child suspected of having a hearing loss should be evaluated by a trained professional. If a child does not seem to be meeting language development milestones, if there are risk factors for hearing problems, or if a child fails a hearing screening, he or she may be referred for a more complete medical and hearing evaluation.

## When should a child with an ear infection be excluded from child care?

**S**ince ear infections themselves are not contagious, there is no reason to exclude the ill child from your facility unless he or she has a high fever, cannot participate in activities because of pain, or needs more care

than you can give without compromising the care given to other children. A medication administration policy should be in place, if necessary.

## How can caregivers help reduce ear infections?

**Y**ou can prevent the spread of colds and other upper respiratory infections that may lead to otitis media by taking the following actions:

- Practice good hand washing.
- Teach children to cough into their elbow and away from people.
- Wipe noses with clean tissues, dispose of them properly, and wash your hands.
- Do not share food, bottles, toothbrushes, or toys that can be put in the mouth.
- Allow children to play outdoors often. Let fresh air into your facility daily.
- Let parents know immediately if the child shows any signs of having an ear infection.

## How does a caregiver care for children who get frequent ear infections?

**Y**ou can take these precautions:

- Never use cotton swabs and never put anything smaller than your finger into a child's ear. Do not allow the child to do so either.
- Do not feed or bottle-feed infants lying on their backs. Never prop bottles while feeding.
- Be especially alert for any sign of hearing or speech problems that

may show up. Refer the child to the family's health care provider or other community resources.

- Most children with ear infections do not need antibiotics, but some of them do. Be sure that prescribed antibiotics are taken for the full amount of time to avoid resistant infections.

## How are children with ear tubes to be cared for?

**A**n ear tube creates a hole in the eardrum so fluid and pus can drain out. It usually stays in place for three to six months. Since pus can drain out, water from the outside world (which has germs) can easily enter the middle ear. Therefore, you need to make sure that children with tubes do not get water in their ears. This precaution usually means no swimming unless the child receives special earplugs or the health care provider grants permission.

## References

- American Academy of Audiology.  
"Hearing Loss in Neonates and Infants: Hearing Screening."  
American Academy of Audiology,  
8201 Greensboro Drive #300,  
McLean, VA 22102, 800-AAA-2336.
- The National Institute on Deafness and Other Communication Disorders.  
"Silence Isn't Always Golden."  
NIDCD Information Clearinghouse,  
1 Communication Ave., Bethesda, MD  
20892-3456, 800-241-1044.



# Get the Lead Out

By Jan Schilling, M.P.H., M.S., R.D.  
California Department of Health Services  
Childhood Lead Poisoning Prevention  
Branch

Legislation effective January 1, 2003, is helping to win the fight to end childhood lead poisoning in California. Lead remains one of the most serious environmental health threats to children in the United States and in California. Toddlers in low-income families are at greatest risk because they are the most likely to live in old housing with exposure to deteriorating lead-based paint, and they are at an age when they put their hands in their mouths frequently. Lead poisoning can cause intellectual and developmental delay in young children.

You can help prevent lead poisoning by ensuring that every child participating in a publicly sponsored health plan, such as Medi-Cal, the Child Health and Disability Prevention (CHDP) Program, Healthy Families, or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), gets a blood lead test.

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*You can help prevent lead poisoning by ensuring that every child participating in a publicly sponsored health plan . . . gets a blood lead test.*

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Children of low-income families are at risk not only of lead poisoning but also of poor nutrition. A child

whose blood lead level is above ten micrograms per deciliter needs medical nutrition therapy to prevent or minimize developmental delay. A registered dietitian may provide an assessment and medical nutrition therapy. Optimal nutrition for children includes adequate food sources of iron and calcium that may reduce the child's absorption of lead.

**Screening for childhood lead poisoning** is mandatory. Every health care provider is required by California regulation to test each child who receives services from a publicly funded program for low-income children, such as Medi-Cal, CHDP, Healthy Families, or WIC, for lead. Blood lead testing should be done when the child is twelve months and again at twenty-four months of age or anytime up to seventy-two months if the child has not received blood lead testing at the appropriate age.

Children not in low-income programs should be screened by asking their families if they have spent a lot of time in a place built before 1978 that has peeling or chipped paint or that has recently been renovated. If the family's answer is yes or "don't know," a blood lead test should be done.

The new law has two important features:

**Universal reporting of blood lead test results** requires laboratories to notify the Department of Health Services (DHS) of *all* blood lead analyses performed on California residents. Prior to January 1, 2003, only very elevated blood lead values were required to be reported. The change allows the DHS Childhood

Lead Poisoning Prevention Branch to track the incidence and prevalence of lead poisoning and to follow the results on individual children.

**Enforcement of lead abatement laws** authorizes Department of Health Services and local enforcement agencies to order corrective actions when lead hazards are present. Lead hazards include deteriorated lead-based paint, lead-contaminated dust, lead-contaminated soil, or disturbance of lead-based paint (or presumed lead-based paint) without containment. Only persons who have a certificate from DHS are authorized to perform permanent lead abatement. Violations of accreditation, certification, and work regulations are subject to fines and penalties.

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For details, see California *Health and Safety Code (HSC)* sections 17920.10 et seq. and 105251 et seq. on lead in the environment. Contact is Kendra Frazier, (510) 622-4933. For evaluating and screening children for lead poisoning, see *California Code of Regulations (CCR)*, Title 17, sections 37000 to 37100. Contact is Margaret Mossman, (510) 622-4880. (The HSC contains statutes enacted by the legislature and may be accessed at <http://www.leginfo.ca.gov>. The CCR contains regulations adopted by state agencies and may be accessed at <http://www.calregs.com>.)



# Statewide Training Opportunities

*"I am grateful for being able to participate in the whole three days . . . filled with such important information. All the information hit home . . . !"*

*"I loved the binder with all the presentation materials. Thank you for the handbooks and resource materials."*

*"The best information was the information which changed the way I used to look at things—I learned to see the wellness in children and families before the perceived illness or problem."*

*"There were so many voices of experience; it's beneficial to hear other ideas and opinions."*

These are just a few comments from some participants at the 2002-03 Early Start Statewide Core Institutes, Special Topic Trainings, Family Resource Centers/ Network Conference, and Service Coordination Institutes. The training opportunities are sponsored by the California Department of Developmental Services as part of California's Early Start comprehensive system of personnel development. They are coordinated by the WestEd Center for Prevention and Early Intervention at various locations throughout California.

California Early Start is based on the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the federal Individuals with Disabilities Education Act (IDEA) and the California Early Intervention Services Act. The regulations focus on the early identification and delivery of early intervention services for infants and toddlers at risk of or having developmental delays or disabilities and

services for their families. Training and other personnel development opportunities are required to ensure that appropriately trained personnel provide quality services in various settings and natural environments.

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*Sessions are conducted by parent and professional trainers with extensive field experience and include research-based practices and practical strategies for implementation.*

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Encouraged to attend are individuals and teams from providers of health, education, mental health, and social services; Early Head Start; Head Start; family support; and other specialists working with this population in early care and development and children with developmental disabilities. Scholarships for personnel development are available to Early Head Start staff who provide early intervention services in different settings. For more information on the scholarships, please contact Annette Ostertag at the WestEd Center for Prevention and Early Intervention at (916) 492-4000.

The California Early Start Statewide Core Institute series provides core information and foundational learning experiences from a research-based early intervention training curriculum. The three institutes may be taken in any order and offer several training sessions, or "building blocks," that address specific areas of development, intervention, service delivery, and interdisciplinary coordination. Sessions are conducted by parents and professional trainers with extensive field experience and include research-based practices and

practical strategies for implementation. In addition to offering quality training and related resource materials, the institutes promote networking and the exchange of information and ideas among the participants.

The Early Start Statewide Core Institute series consists of the following cores:

## **Core I: Supporting the Development of Infants and Toddlers Having Special Needs**

- Identifying typical and atypical development
- Supporting families from diverse cultures
- Fostering emotional, social, physical, language, and cognitive development and early self-help skills
- Focusing on the strengths and needs of each child and family

## **Core II: Meeting the Needs of Children with Specific Developmental Characteristics**

- Studying implications of specific disabilities on early development
- Working on early childhood development with children who have emotional, social, sensory, physical, visual, hearing, communication, and medical difficulties
- Partnering and providing family education and support
- Building relationships across disciplines

## **Core III: Putting It All Together**

- Linking assessment findings to intervention services
- Providing family-oriented services in home and community settings
- Inclusion and intervention strategies
- Teaming strategies

Another resource for programs and staff serving very young children with special needs and their families is the California Early Start Library. This specialized collection of more than 4,000 resource materials and information on early intervention is available free of charge to families and service providers working to improve services and the lives of infants and toddlers with disabilities and those at risk of developmental problems.

Funded by the California Department of Developmental Services and coordinated by the WestEd Center, the library includes books, manuals, reports, research articles, training materials, and videos related to early intervention topics. Library staff members assist library patrons in locating materials and resources for staff training, community presentations, and other special activities.

Materials are loaned for two weeks and shipped to patrons throughout California. There is no charge to become an Early Start library patron; however, an application must be on file before materials can be borrowed. Library resources are searchable and updated on the WestEd Web site ([www.wested.org/cpei](http://www.wested.org/cpei)). For more information about the library, call (800) 869-4337.

For more information on California Early Start, the Core Institutes, other training opportunities, and related resources, contact Pat Widmann (916) 654-3722, California Department of Developmental Services, Children and Families Services Branch, or visit the Web site <http://www.dds.ca.gov/earlystart>.

In addition, you may also contact Angela McGuire at (916) 492-4012 ([amcguir@wested.org](mailto:amcguir@wested.org)) or Sheila Wolfe at (916) 492-4026 ([swolfe@wested.org](mailto:swolfe@wested.org)) at the WestEd Center for Prevention and Early Intervention.

## Ensuring the Health of Our Children

By Cheewa James

California Department of Health Services

Anthony Gonzalez of southern California was a victim of his company's downsizing. Consequently, health care coverage for his three children vanished along with his job. "When I lost my job, I started feeling less like an honorable husband and father. I was taught to provide for my family, and how could I when I wasn't employed?" he worried. Anthony was especially concerned because his children were involved in soccer, softball, track, volleyball, and martial arts: "Was I supposed to tell my kids to stop playing sports just in case one of them got hurt?"

Anthony was able to keep his children insured for only four months before the staggering cost of health care coverage forced him to cancel his kids' insurance. But the Gonzalez family was about to experience some good news. The children's school sent out information about the low-cost children's health coverage available through Healthy Families. Healthy Families is an affordable health care coverage program available for eligible California children under the age of nineteen. The application for coverage was filled out and mailed, and the Gonzalez children were enrolled in Healthy Families. With peace of mind that the children were covered, Anthony focused on searching for new employment.

Today the Gonzalez family is back on track. Anthony is working, and his entire family has health insurance. However, Anthony says he will always remember the stress his family went through when they were uninsured: "It's nice to know that no matter what happens to my family financially, my children will have the option to obtain medical, dental, and vision coverage through Healthy Families."

Many families, like the Gonzalezes, do not realize they may be eligible for Healthy Families or Medi-Cal for Families or do not know about the programs. Here are a few basic facts about these programs that can be shared with parents:

- **The Healthy Families Program and Medi-Cal for Families offer low-cost and no-cost insurance** that provide medical, dental, and vision coverage to uninsured California children under age nineteen. A family of four whose income is up to \$3,771 a month can still qualify. Working families qualify!
- **Premiums and copayments are affordable.** Insurance under Healthy Families costs \$4 to \$9 per month per child to a maximum of \$27 a month for all the children in the family. Checkups and immunizations are free, and there is a \$5 copayment for some services.
- **There is a choice of health plans and doctors.** The applicant can choose the medical, dental, and vision plans that are right for his or her child. The plans provide complete coverage through a network of health care providers located throughout California.
- **There is a toll-free number (1-888-747-1222)** for families to call to request a short, easy mail-in application that is available in 11 languages. The call center can answer questions about the programs, refer callers to a local application assistant in their area, and help families fill out the application free of charge.

# Web Resources

The following Web sites on early education, health, research, and other topics may be of interest to you. Another resource is the "California Head Start-State Collaboration" page at the California Department of Education's Web site (<http://www.cde.ca.gov/sp/cd/re/chssco.asp>).

## Head Start Resources

The California Head Start Association maintains a list, including a fact sheet of such California Head Start program statistics as funding and number of children served. Visit the Web site at <http://www.ca-headstart.org>.

The national Head Start calendar of events is available online at <http://www.hsnrc.org>.

## Literacy

Webbing into Literacy is a downloadable program designed to provide rural Head Start teachers with materials and instruction that will assist their early literacy activities. The program is available at <http://curry.edschool.virginia.edu/go/wil/home.html/>.

HeadsUp! Reading is a program that can be delivered live, simultaneously in English and Spanish, to early childhood sites across the nation. Teachers at Head Start, child care, and other early education sites have taken the course, which is offered in 2004. For more information go to <http://www.huronline.org>.

Raising a Reader is an early literacy program that is being used by many early education programs. It is funded through a social venture fund of the Center for Venture Philanthropy. Visit the Web site at [http://www.raisingareader.org/pdfs/family\\_eval.pdf](http://www.raisingareader.org/pdfs/family_eval.pdf).

## Early Educators

The Center for Children and Families has launched a new Web site (<http://www.edc.org/ccf/latinos>) designed to address the cultural and linguistic needs of Latino children and their caregivers in early childhood settings.

## Early Education Information and Research

State Health Facts Online is an Internet resource of the Kaiser Family Foundation that is free of charge and designed to allow journalists, state and federal policymakers, researchers, and the general public access to health policy information on all 50 states. Users can view information for a single state or compare and rank data across all 50 states. The Web site is <http://www.statehealthfacts.kff.org>.

The National Institute for Early Education Research (NIEER) Web site (<http://www.nieer.org>) features papers written by leading researchers in early education. Get your questions answered by NIEER's network of experts and tap into online debates on important issues. A state databank lists

preschool standards and salaries for every state.

A report based on the Census 2000 Supplemental Survey (<http://www.aecf.org/kidscount/c2ss/>) looks at state-level changes in 11 key measures of child and family well-being between 1990 and 2000.

The National Child Care Information Center, a project of the federal Child Care Bureau, has a large online library of documents (<http://nccic.org>) intended to assist states as they implement the Child Care and Development Fund and the White House's Good Start, Grow Smart early childhood initiative.

## Homelessness

Several Web sites are devoted to providing information and resources regarding homelessness. Sites include those sponsored by the National Association for the Education of Homeless Children and Youth at <http://www.naehcy.org>; the National Center for Homeless Education at <http://www.serve.org/nche>; the National Coalition for the Homeless at <http://www.nationalhomeless.org>; and the National Law Center on Homelessness & Poverty at <http://www.nlchp.org>.

## Mental Health and Social and Emotional Development

*Bright Futures in Practice: Mental Health* is a guide and tool kit for health professionals, families, and others concerned with specific mental health problems of children and adolescents. It is available online from the National Center for Education in Maternal and Child Health at <http://www.brightfutures.org/mentalhealth/index.html>.

The Center on the Social and Emotional Foundations for Early Learning (<http://csefel.uiuc.edu>) is focused on strengthening the capacity of Head Start and other early education providers to improve the social and emotional outcomes of young children.

## Fatherhood

The Fathers Network (<http://www.fathersnetwork.org>) is dedicated to celebrating and supporting fathers and families raising children with special health care needs and developmental disabilities.

## Marriage

There is no consensus on how to form and maintain strong, healthy marriages. Child Trends is "dedicated to improving the lives of children by conducting research and providing

science-based information to improve the decisions, program, and policies that affect children." View the Child Trends Web site at <http://www.childtrends.org/>.

## Health, Nutrition, and Obesity

The Healthy Kids Resource Center, sponsored by the California departments of Health and Human Services and Education, has resource material on many health topics, including childhood obesity, at <http://www.hkresources.org>. The Web site also provides a catalogue of lending materials.

The American Dietetic Association has a Web site <http://www.eatright.org> that includes daily nutrition tips, research information, and a list of nutrition publications, as well as a referral service to locate registered dietitians.

Poison Help (<http://www.1-800-222-1222.info/>) is the Web site of the American Association of Poison Control Centers. The site has information on various poisons and what to do in the event of a poison exposure. There is a poison control hotline through which callers in the U.S., Puerto Rico, and the Virgin Islands can quickly reach U.S. poison control centers. Callers are automatically connected to the poison center for their area, 24 hours a day, seven days a week. The national telephone number is 1-800-222-1222.



**BRIDGES**

CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

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